University of Idaho

Petition for Financial Aid Reinstatement

To have this petition considered, complete and return this form to your College Dean's office.

Petitions should be submitted 3 weeks prior to start of term to allow sufficient time for processing.

Section A Student information

Name:		Student ID#		
VandalMail:	Phone:	Major:		
Academic program:		Semester GPA:	UI Cumulative GPA:	
☐ Undergraduate ☐ Graduate ☐ Law				
Indicate below the reasons for your suspension. Refer to the notice sent from the financial aid office.				
☐ Did not maintain minimum GPA				
☐ Did not complete 67% of all attempted classes (pace is based on completing 67% of all cumulative attempted credits)				
☐ Attempted more than 150% of credits required for the degree				
☐ Did not meet prior Academic Plan requirements				

Section B Student: please explain why you were unable to meet Satisfactory Academic Progress (SAP) standards.

Be specific in describing the factors that caused the financial aid suspension. Attach supporting documents and any additional pages (if necessary to complete your statement).

Depending on your circumstances you may be asked for additional documentation. For example:

- If a family member or significant other has died, a copy of the obituary or sign a statement.
- If you, a family member, or significant person suffered a serious illness, accident, or injury, a statement from a doctor or other professional third party, police report, or hospital bill.
- If you or your parent experienced a divorce, a letter from your attorney, parent or legal guardian.
- If you have experienced personal problems or issues with your spouse, family, or roommate, a statement from a doctor, counselor, lawyer, or other professional third party.
- If your work load was excessive, a copy of your work schedule.

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Section C Student, please explain what changes will allow you to meet standards.

Section D Student certification

I understand that since I did not make Satisfactory Academic Progress, I have been placed on Financial Aid Suspension. I agree to use my Vandal Mail account as my primary email account and check it regularly for University correspondence.

I certify that all information provided is true and correct to the best of my knowledge. I understand that submitting this appeal is not a guarantee that my aid eligibility will be reinstated. If my financial aid is reinstated, I understand that this appeal is valid for **one term**, or the length of my academic plan if the requirements of the plan are met each term.

Student Signature:	Date:	
<u>Section E</u> College Section (Financial Aid Academic I	Plan)	For College use only: Form completed by: Date completed:
The College \square DOES / \square DOES NOT recommend a waiver of financial aid	Check the	appropriate box).
 The College recommends reinstatement of your financial aid for one The College recommends the academic plan below effective meet the following requirements: 		
\square Earn at least a semester grade point average (GPA) to meet the	ne minimum	cumulative GPA within terms
☐ Enroll and successfully complete a minimum of credits per some requirement of 67% (earned credits/attempted credits) withinte		meet the minimum pace
\square Complete your degree program within terms and specified	attempted h	ours and/or GPA per term.
☐ Other:		
College Designee:	Date:	
Financial Aid Office Approval / Denial		ato: